

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / ~~MRS~~ ~~MR~~ FIRST MI
.....William.....D.
NICKNAME LAST SUFFIX
"Bill" Tate

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1200 S. Main Ste 1000
Grapevine, Texas 76051

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 850-7609

6 CAMPAIGN
TREASURER
NAME

MS / ~~MRS~~ ~~MR~~ FIRST MI
.....William.....D.
NICKNAME LAST SUFFIX
Bill Tate

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1200 S. Main Ste 1000 Grapevine, Texas 76051

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 850-7609

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign
treasurer appointment
(Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
1 / 13 / 21 THROUGH 3 / 22 / 21

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other
5 / 1 / 21 ☒ General ☐ Special Description

12 OFFICE

OFFICE HELD (if any)
Mayor of Grapevine

13 OFFICE SOUGHT (if known)
Mayor of Grapevine

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED

MAR 30 2021

City Secretary's
Office

12:30 pm JAB

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 1,420.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,250.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ None

4. TOTAL POLITICAL EXPENDITURES

\$ 4,341.04

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 4,328.96

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ None

18 SIGNATURE

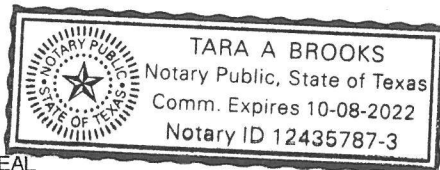
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by William D Tate this the 30th day of March.

20 21, to certify which, witness my hand and seal of office.

Tara Brooks

Tara Brooks

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME William D. Bill Tate	3 Filer ID (Ethics Commission Filers)
4 Date 1-21-21	5 Payee name Signarama	
6 Amount (\$) \$1,588.57	7 Payee address; City; State; Zip Code 1515 Dooley Ste 101 Grapevine Texas 76051	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Credit Card payment	(b) Description Yard signs and stakes
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 3-9-21	Payee name Sigmarama	
Amount (\$)	Payee address; City; State; Zip Code 1515 Dooley Ste 101 Grapevine Texas 76051	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Credit Card Payment	Description Yard signs, large signs and stakes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1: 3
2 FILER NAME William D. Bill Tate		3 Filer ID (Ethics Commission Filers)
4 Date 2-5-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larry and Linda Oliver 6 Contributor address; City; State; Zip Code 307 Pebblebrook Dr, Grapevine Tx 76051	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2-5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lee Roy & Pam McCain Contributor address; City; State; Zip Code 346 Pebblebrook Dr. Grapevine, Tx 76051	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. Scott Williams Contributor address; City; State; Zip Code 5913 Long Cove, Garland, Tx 75044	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2-20-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Giovanni Capriglione Contributor address; City; State; Zip Code 1352 Ten Bar Trl, Southlake, Tx 76051	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) State Representative Dist. 98		Employer (See Instructions) State of Texas
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME William D. Bill Tate		3 Filer ID (Ethics Commission Filers)
4 Date 1-26-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric & Cassandra Stober 6 Contributor address; City; State; Zip Code 901 W. Northwest Hwy Grapevine, Tx 76051	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-2-2;	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Terri Dorety Contributor address; City; State; Zip Code 325 Springbrook Ct. Grapevine, Tx 76051	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-10-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Metrotex Associates of Realtors Contributor address; City; State; Zip Code 8201 N. Stemmons Fwy Dallas, Tx 75247	Amount of contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME William D. Bill Tate		3 Filer ID (Ethics Commission Filers)
4 Date 2-23-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Stewart 6 Contributor address; City; State; Zip Code 1133 Airline Dr., Ste 1201 Grapevine, Texas 76051	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-25-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Littlejohn Contributor address; City; State; Zip Code P.O. Box 153501 Irving, Tx 75015	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-1-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew & Lynn Muras Contributor address; City; State; Zip Code 4319 Greenwood Ln, Grapeivne, Tx 76051	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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